

**As Passed by the Senate**

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**S. B. No. 160**

**Senator O'Brien**

**Cosponsors: Senators Cirino, Schaffer, Hackett, Hoagland, Johnson, Fedor, Antonio, Blessing, Brenner, Craig, Dolan, Gavarone, Huffman, S., Kunze, Lang, Maharath, Manning, McColley, Peterson, Reineke, Roegner, Romanchuk, Rulli, Schuring, Sykes, Thomas, Williams, Wilson, Yuko**

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**A BILL**

To amend sections 173.42, 3712.06, and 3727.75 and 1  
to enact section 3721.141 of the Revised Code 2  
to require certain entities to inform veterans 3  
about available health care benefits and to name 4  
this act the Veteran Information Act. 5

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 173.42, 3712.06, and 3727.75 be 6  
amended and section 3721.141 of the Revised Code be enacted to 7  
read as follows: 8

**Sec. 173.42.** (A) As used in sections 173.42 to 173.434 of 9  
the Revised Code: 10

(1) "Area agency on aging" means a public or private 11  
nonprofit entity designated under section 173.011 of the Revised 12  
Code to administer programs on behalf of the department of 13  
aging. 14

(2) "Department of aging-administered medicaid waiver 15

component" means each of the following:	16
(a) The medicaid-funded component of the PASSPORT program created under section 173.52 of the Revised Code;	17 18
(b) The medicaid-funded component of the assisted living program created under section 173.54 of the Revised Code;	19 20
(c) Any other medicaid waiver component, as defined in section 5166.01 of the Revised Code, that the department of aging administers pursuant to an interagency agreement with the department of medicaid under section 5162.35 of the Revised Code.	21 22 23 24 25
(3) "Home and community-based services covered by medicaid components the department of aging administers" means all of the following:	26 27 28
(a) Medicaid waiver services available to a participant in a department of aging-administered medicaid waiver component;	29 30
(b) The following medicaid state plan services available to a participant in a department of aging-administered medicaid waiver component as specified in rules adopted under section 5164.02 of the Revised Code:	31 32 33 34
(i) Home health services;	35
(ii) Private duty nursing services;	36
(iii) Durable medical equipment;	37
(iv) Services of a clinical nurse specialist;	38
(v) Services of a certified nurse practitioner.	39
(c) Services available to a participant of the PACE program.	40 41

(4) "Long-term care consultation" or "consultation" means 42  
the consultation service made available by the department of 43  
aging or a program administrator through the long-term care 44  
consultation program established pursuant to this section. 45

(5) "Nursing facility" has the same meaning as in section 46  
5165.01 of the Revised Code. 47

(6) "PACE program" means the component of the medicaid 48  
program the department of aging administers pursuant to section 49  
173.50 of the Revised Code. 50

(7) "PASSPORT administrative agency" means an entity under 51  
contract with the department of aging to provide administrative 52  
services regarding the PASSPORT program. 53

(8) "Program administrator" means an area agency on aging 54  
or other entity under contract with the department of aging to 55  
administer the long-term care consultation program in a 56  
geographic region specified in the contract. 57

(9) "Representative" means a person acting on behalf of an 58  
individual who is the subject of a long-term care consultation. 59  
A representative may be a family member, attorney, hospital 60  
social worker, or any other person chosen to act on behalf of 61  
the individual. 62

(B) The department of aging shall develop a long-term care 63  
consultation program whereby individuals or their 64  
representatives are provided with long-term care consultations 65  
and receive through these professional consultations information 66  
about options available to meet long-term care needs and 67  
information about factors to consider in making long-term care 68  
decisions. The long-term care consultations may be provided at 69  
any appropriate time, including either prior to or after the 70

individual who is the subject of a consultation has been 71  
admitted to a nursing facility or granted assistance in 72  
receiving home and community-based services covered by medicaid 73  
components the department of aging administers. 74

(C) The long-term care consultation program shall be 75  
administered by the department of aging, except that the 76  
department may have the program administered on a regional basis 77  
by one or more program administrators. The department and each 78  
program administrator shall administer the program in such a 79  
manner that all of the following are included: 80

(1) Coordination and collaboration with respect to all 81  
available funding sources for long-term care services; 82

(2) Assessments of individuals regarding their long-term 83  
care service needs; 84

(3) Assessments of individuals regarding their on-going 85  
eligibility for long-term care services; 86

(4) Procedures for assisting individuals in obtaining 87  
access to, and coordination of, health and supportive services, 88  
including department of aging-administered medicaid waiver 89  
components; 90

(5) Priorities for using available resources efficiently 91  
and effectively. 92

(D) The program's long-term care consultations shall be 93  
provided by individuals certified by the department under 94  
section 173.422 of the Revised Code. 95

(E) The information provided through a long-term care 96  
consultation shall be appropriate to the individual's needs and 97  
situation and shall address all of the following: 98

(1) The availability of any long-term care options open to the individual;	99 100
(2) Sources and methods of both public and private payment for long-term care services;	101 102
(3) Factors to consider when choosing among the available programs, services, and benefits;	103 104
(4) Opportunities and methods for maximizing independence and self-reliance, including support services provided by the individual's family, friends, and community;	105 106 107
<u>(5) If the individual is a veteran, as defined in section 5901.01 of the Revised Code, both of the following:</u>	108 109
<u>(a) The availability of health care or financial benefits through the United States department of veterans affairs;</u>	110 111
<u>(b) Information about congressionally chartered veterans service organizations or the county veterans service office that can assist with investigating and applying for benefits through the United States department of veterans affairs.</u>	112 113 114 115
(F) An individual's long-term care consultation may include an assessment of the individual's functional capabilities. The consultation may incorporate portions of the determinations required under sections 5119.40, 5123.021, and 5165.03 of the Revised Code and may be provided concurrently with the assessment required under section 173.546 or 5165.04 of the Revised Code.	116 117 118 119 120 121 122
(G) Except as provided in division (I) of this section, a long-term care consultation shall be provided to each individual for whom the department or a program administrator determines such a consultation is appropriate.	123 124 125 126

(H) A long-term care consultation shall be completed	127
within the applicable time frames specified in rules adopted	128
under this section.	129
(I) An individual is not required to be provided a long-	130
term care consultation if any of the following is the case:	131
(1) The department or a program administrator has	132
attempted to provide the consultation, but the individual or the	133
individual's representative refuses to cooperate;	134
(2) The individual is to receive care in a nursing	135
facility under a contract for continuing care, as defined in	136
section 173.13 of the Revised Code;	137
(3) The individual has a contractual right to admission to	138
a nursing facility operated as part of a system of continuing	139
care in conjunction with one or more facilities that provide a	140
less intensive level of services, including a residential care	141
facility licensed under Chapter 3721. of the Revised Code, a	142
residential facility licensed under section 5119.34 of the	143
Revised Code that provides accommodations, supervision, and	144
personal care services for three to sixteen unrelated adults, or	145
an independent living arrangement;	146
(4) The individual is to receive continual care in a home	147
for the aged exempt from taxation under section 5701.13 of the	148
Revised Code;	149
(5) The individual is seeking admission to a facility that	150
is not a nursing facility with a provider agreement under	151
section 5165.07, 5165.511, or 5165.512 of the Revised Code;	152
(6) Pursuant to rules that may be adopted under this	153
section, the department or a program administrator has exempted	154
the individual from receiving the long-term care consultation.	155

(J) As part of the long-term care consultation program, 156  
the department or a program administrator may assist an 157  
individual or individual's representative in accessing all 158  
sources of care and services that are appropriate for the 159  
individual and for which the individual is eligible, including 160  
all available home and community-based services covered by 161  
medicaid components the department of aging administers. The 162  
assistance may include providing for the conduct of assessments 163  
or other evaluations and the development of individualized plans 164  
of care or services under section 173.424 of the Revised Code. 165

(K) No nursing facility for which an operator has a 166  
provider agreement under section 5165.07, 5165.511, or 5165.512 167  
of the Revised Code shall admit as a resident any individual 168  
described in division (G) of this section, unless the nursing 169  
facility has received evidence that a long-term care 170  
consultation has been completed for the individual or division 171  
(I) of this section is applicable to the individual. 172

(L) The director of aging shall adopt rules for the 173  
implementation and administration of this section. The rules 174  
shall be adopted in accordance with Chapter 119. of the Revised 175  
Code. The rules may specify any or all of the following: 176

(1) Procedures for providing long-term care consultations; 177

(2) Information to be provided through long-term care 178  
consultations regarding long-term care services that are 179  
available; 180

(3) Criteria and procedures to be used to identify and 181  
recommend appropriate service options for an individual 182  
receiving a long-term care consultation; 183

(4) Criteria for exempting individuals from receiving a 184

long-term care consultation;	185
(5) Circumstances under which it may be appropriate to	186
provide an individual's long-term care consultation after the	187
individual's admission to a nursing facility rather than before	188
admission;	189
(6) Criteria for identifying individuals for whom a long-	190
term care consultation is appropriate, including nursing	191
facility residents who would benefit from the consultation;	192
(7) A description of the types of information from a	193
nursing facility that is needed under the long-term care	194
consultation program to assist a resident with relocation from	195
the facility;	196
(8) Standards to prevent conflicts of interest relative to	197
the referrals made by a person who performs a long-term care	198
consultation, including standards that prohibit the person from	199
being employed by a provider of long-term care services;	200
(9) Procedures for providing notice and an opportunity for	201
a hearing under division (N) of this section;	202
(10) Time frames for providing or completing a long-term	203
care consultation;	204
(11) Any other standards or procedures the director	205
considers necessary for the program.	206
(M) To assist the department and each program	207
administrator with identifying individuals for whom a long-term	208
care consultation is appropriate, the department and program	209
administrator may ask to be given access to nursing facility	210
resident assessment data collected through the use of the	211
resident assessment instrument specified in rules authorized by	212



section 5165.191 of the Revised Code for purposes of the 213  
medicaid program. Except when prohibited by state or federal 214  
law, the department of health, department of medicaid, or 215  
nursing facility holding the data shall grant access to the data 216  
on receipt of the request from the department of aging or 217  
program administrator. 218

(N) (1) The director of aging, after providing notice and 219  
an opportunity for a hearing, may fine a nursing facility an 220  
amount determined by rules the director shall adopt in 221  
accordance with Chapter 119. of the Revised Code for any of the 222  
following reasons: 223

(a) The nursing facility violates division (K) of this 224  
section; 225

(b) The nursing facility denies a person attempting to 226  
provide a long-term care consultation access to the facility or 227  
a resident of the facility; 228

(c) The nursing facility denies the department of aging or 229  
a program administrator access to the facility or a resident of 230  
the facility, as the department or administrator considers 231  
necessary to administer the program. 232

(2) In accordance with section 5162.66 of the Revised 233  
Code, all fines collected under division (N) (1) of this section 234  
shall be deposited into the state treasury to the credit of the 235  
residents protection fund. 236

**Sec. 3712.06.** Any person or public agency licensed under 237  
section 3712.04 of the Revised Code to provide a hospice care 238  
program shall: 239

(A) Provide a planned and continuous hospice care program, 240  
the medical components of which shall be under the direction of 241

a physician;	242
(B) Ensure that care is available twenty-four hours a day	243
and seven days a week;	244
(C) Establish an interdisciplinary plan of care for each	245
hospice patient and the patient's family that:	246
(1) Is coordinated by one designated individual who shall	247
ensure that all components of the plan of care are addressed and	248
implemented;	249
(2) Addresses maintenance of patient-family participation	250
in decision making; and	251
(3) Is periodically reviewed by the patient's attending	252
physician and by the patient's interdisciplinary team.	253
(D) Have an interdisciplinary team or teams that provide	254
or supervise the provision of care and establish the policies	255
governing the provision of the care;	256
(E) Provide bereavement counseling for hospice patients'	257
families;	258
(F) Not discontinue care because of a hospice patient's	259
inability to pay for the care;	260
(G) Maintain central clinical records on all hospice	261
patients under its care; and	262
(H) Provide care in individuals' homes, on an outpatient	263
basis, and on a short-term inpatient basis.	264
A provider of a hospice care program may include	265
pharmacist services among the other services that are made	266
available to its hospice patients.	267
A provider of a hospice care program may arrange for	268

another person or public agency to furnish a component or 269  
components of the hospice care program pursuant to a written 270  
contract. When a provider of a hospice care program arranges for 271  
a hospital, a home providing nursing care, or home health agency 272  
to furnish a component or components of the hospice care program 273  
to its patient, the care shall be provided by a licensed, 274  
certified, or accredited hospital, home providing nursing care, 275  
or home health agency pursuant to a written contract under 276  
which: 277

(1) The provider of a hospice care program furnishes to 278  
the contractor a copy of the hospice patient's interdisciplinary 279  
plan of care that is established under division (C) of this 280  
section and specifies the care that is to be furnished by the 281  
contractor; 282

(2) The regimen described in the established plan of care 283  
is continued while the hospice patient receives care from the 284  
contractor, subject to the patient's needs, and with approval of 285  
the coordinator of the interdisciplinary team designated 286  
pursuant to division (C)(1) of this section; 287

(3) All care, treatment, and services furnished by the 288  
contractor are entered into the hospice patient's medical 289  
record; 290

(4) The designated coordinator of the interdisciplinary 291  
team ensures conformance with the established plan of care; and 292

(5) A copy of the contractor's medical record and 293  
discharge summary is retained as part of the hospice patient's 294  
medical record. 295

Any hospital contracting for inpatient care shall be 296  
encouraged to offer temporary limited privileges to the hospice 297

patient's attending physician while the hospice patient is 298  
receiving inpatient care from the hospital. 299

(I) Notify a veteran, or a representative on behalf of the 300  
veteran, seeking services from the hospice care agency that the 301  
veteran may be eligible for health care or financial benefits 302  
through the United States department of veterans affairs and 303  
provide the veteran or representative with information about 304  
congressionally chartered veterans service organizations or the 305  
county veterans service office that can assist with 306  
investigating and applying for benefits through the United 307  
States department of veterans affairs. As used in this division, 308  
"veteran" has the same meaning as in section 5901.01 of the 309  
Revised Code. 310

**Sec. 3721.141.** (A) As used in this section, "veteran" has 311  
the same meaning as in section 5901.01 of the Revised Code. 312

(B) Each nursing home, except a nursing home that 313  
participates in the veteran community partnerships program 314  
administered by the United States department of veterans 315  
affairs, and each skilled nursing facility shall provide both of 316  
the following to a veteran, or a representative on behalf of the 317  
veteran, seeking admission to the home or facility: 318

(1) Notification that the veteran may be eligible for 319  
health care or financial benefits through the United States 320  
department of veterans affairs; 321

(2) Information about congressionally chartered veterans 322  
service organizations or the county veterans service office that 323  
can assist with investigating and applying for benefits through 324  
the United States department of veterans affairs. 325

**Sec. 3727.75.** (A) A hospital that intends to discharge a 326

patient shall, as soon as practicable, create a discharge plan 327  
in accordance with state and federal law and hospital policy and 328  
review that plan with the patient or the patient's guardian. If 329  
a lay caregiver designation has been made, the discharging 330  
health care professional has determined that the lay caregiver's 331  
participation in the review would be appropriate, and the lay 332  
caregiver is available within a reasonable amount of time, the 333  
hospital shall arrange for the lay caregiver to also participate 334  
in the review. The review shall be conducted in accordance with 335  
section 3727.76 of the Revised Code. 336

(B) (1) A discharge plan may include the following 337  
information: 338

(a) A description of the tasks that are necessary to 339  
facilitate the patient's transition from the hospital to the 340  
patient's residence; 341

(b) Contact information for the health care providers or 342  
providers of community or long-term care services that the 343  
hospital and the patient or guardian believe are necessary for 344  
successful implementation of the discharge plan. 345

(2) If the patient is a veteran, as defined in section 346  
5901.01 of the Revised Code, who requires additional health care 347  
services after discharge, such as through a hospice care 348  
program, nursing home, or home care or residential services, a 349  
discharge plan shall include both of the following: 350

(a) Notification that the veteran may be eligible for 351  
health care or financial benefits through the United States 352  
department of veterans affairs; 353

(b) Information about congressionally chartered veterans 354  
service organizations or the county veterans service office that 355

can assist with investigating and applying for benefits through 356  
the United States department of veterans affairs. 357

(3) If a lay caregiver designation has been made and the 358  
discharging health care professional has determined that the lay 359  
caregiver is to have a role in the discharge plan, the discharge 360  
plan may include any of the following: 361

(a) The lay caregiver's name, address, telephone number, 362  
electronic mail address, and relationship to the patient, if 363  
available; 364

(b) A description of all after-care tasks to be performed 365  
by the lay caregiver, taking into account the lay caregiver's 366  
capability to perform such tasks; 367

(c) Any other information the hospital believes is 368  
necessary for successful implementation of the discharge plan. 369

(C) A discharging health care professional shall not be 370  
subject to criminal prosecution or professional disciplinary 371  
action, or be liable in a tort action or other civil action, for 372  
an event or occurrence that allegedly arises out of the health 373  
care professional's determination that a patient's lay caregiver 374  
should or should not participate in the review of the patient's 375  
discharge plan. 376

**Section 2.** That existing sections 173.42, 3712.06, and 377  
3727.75 of the Revised Code are hereby repealed. 378

**Section 3.** This act shall be known as the Veteran 379  
Information Act. 380